PLEASE-READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PAGE 10/3 FLORIDA DEPARTMENT OF STATE Jim Smith

APPLICATION
FOR



Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

N97000004101

1. Corporation Name

CEDAR RIDGE TOWNHOMES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7000 HIGH RIDGE RD. LANTANA FL 33462-5006

Suite, Apt. #, etc.

City & State

Ζįρ

C/O MMI

1860 OLD OKEECHOBEE RD #510 WEST PALM BEACH FL 33409

If above addresses are incorrect in any way, li 2. New Principal Office Address, If Applicable

ne ti	nrough incorrect information and enter correction below.
	3. New Mailing Office Address, If Applicable
	Suite, Apt. #, etc. 901 North point Parkway # 108
	City & State Polon Boach Fi

Country

FILED

03 MAR -3 PM 1:09

STORETARY OF STATE TALLAHASSEE, FLOREM



9490 04 6125

7.	Date incorporated of Gualified
	To Do Business in Florida

5. FEI Number

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

07/21/1997

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
PD	STIEGELE, ROBERT	1860 OLD OKEECHOBEE RD STE 510	WEST PALM BEACH FL 33409		
VPD	-DADDIRO, THOMAS	1860 OLD OKEECHOBEE RD STE 510	WEST PALM BEACH FL 33409		
STD	RABIN, MICHAEL	1860 OLD OKEECHOBEE RD STE 510	WEST PALM BEACH FL 33409		
PD	Joseph White	304 Spruce Street	Boynton Beach FL 33426		
YYD	Darryn Di Francesco	308 Spruce Street	Boynton Beach Fl 33406		
Sec _D	Antonia Fawley	215 Elm Way	Boynton Beach FL		
8. Name and Address of Current Registered Agent					

Name

Suite, Apt, #, Etc.

9. Name and Address of New Registered Agent

SKRLD, INC. 201 ALHAMBRA CIRCLE

SUITE 1102 CORAL GABLES FL 33134

reef Address (P.O. Box Number is Not Acceptable)

03/03/03--01006--001 ****61,25** State Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate And my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Daytime Phone #

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Cedar Ridge Townhomes Association, Inc. Directors

J. Cathi Hall (Treasurer) 330 Spruce Street Boynton Beach, FL 33426
 Henry Ostaszewski (Director) 146 Spruce Street Boynton Beach, FL 33426
 Helena Bresnahan (Director) 125 Spruce Street Boynton Beach, FL 33426
 Camille Martin (Director) 348 Spruce Street Boynton Beach, FL 33426

1860 Old Okeechobee Road • Suite 510 • West Palm Beach, Florida 33409 (561) 686-7818 • Fax (561) 686-7284

February 4, 2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Cedar Ridge Townhomes Association, Inc.

Document # N9700004101

Dear Sir:

Cedar Ridge Townhome Association, Inc. mailed in a completed annual report and a check in the amount of \$61.25 for the year of 2002. The check has been cashed. This office received no further information until we received this reinstatement notice. Please waive the late fee and apply the enclosed check for the 2003.

Should you have any question, please call me at the above telephone number. Thank you for your assistance.

Sincerely,

For the Board of Directors

Paula Rappold CAM

Property Manager

MMI of the Palm Beaches, Inc.

c: President

Legal